

STANDARD CERTIFICATE OF DEATH

11895

State File No.

FILED APR 4 1958

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3065	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2229			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1107a Dolman Street				d. STREET ADDRESS (If rural, give location) 25 1107a Dolman Street			
3. NAME OF DECEASED (Type or Print)		a. (First) ARTHUR		b. (Middle)		c. (Last) LEVY	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov. 25, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (City and State or Foreign Country) Litchfield, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leopold Levy		13b. MOTHER'S MAIDEN NAME Henrietta Meas		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tessie Levy-1107a Dolman Street			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small General Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox				INTERVAL BETWEEN ONSET AND DEATH 10 years about 20 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION T.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500			
22. I hereby certify that I attended the deceased from Jan 2 , 1930, to Aug 15 , 1952, that I last saw the deceased alive on August 15 , 1952, and that death occurred at 4 a m., from the causes and on the date stated above.							
23a. SIGNATURE H Louis Schuchat, MD		(Degree or title)		23b. ADDRESS 3866 Flora Place		23c. DATE SIGNED March 20 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/22/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REG. MAR 21 1958		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 22 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Peter J. K. [Signature]

Licensed Embalmer No. 3691

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.